

215037151
60101

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 123	Agency Case No. B5-084731	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		(In Military Time) TIME OF ACCIDENT 2220	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2224	09/13/2015						
B	65	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 14 & Cornhusker EB ramp			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	5	IF AT INTERSECTION		IF NOT AT INTERSECTION							
V1/M	08	NAME OF INTERSECTING ROADWAY					200.00	X	S curb of Cornhusker Hwy		
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	1	DRIVER LICENSE NO. H13639052			STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1/N	1	DRIVER KRISTENE A KENNEDY			PHONE 402-840-9819	LOCAL NO.					
V2/N	1	DRIVER ADDRESS 504 NW 17TH CIR, LINCOLN, NE 68528			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	12/07/1970	V1/1 18			
G	1	OWNER RONALD M KENNEDY (DOB 12-19-1979)			PHONE 402-202-9988	LOCAL NO.					
H	5	OWNER ADDRESS 4025 Adams St, Lincoln, NE 68504			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB485450	V1/2 18			
V1/O	2	LICENSE PLATE PA NO. TJY098	YEAR 2009	MAKE Hyundai	MODEL SGL	BODY STYLE 4 door Sedan	COLOR beige	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000	V1/3 18		
V2/O	1	VEHICLE ID NO. (V1/N) 5NPET46C19H546361	TOWED TO			TOWED BY	INSURANCE COMPANY Esurance	POLICY NO. 4745585	V1/4 18		
I	1	DRIVER LICENSE NO. G02164604			STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	V1/5 18		
V1/P	1	DRIVER MAREK T KESKA			PHONE 402-540-7826	LOCAL NO.			V1/6 35		
V2/P	1	DRIVER ADDRESS 2324 MARILYNN AVE, LINCOLN, NE 68502			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/03/1973	V2/1 18			
J	01	OWNER MAREK T KESKA			PHONE 402-540-7826	LOCAL NO.			V2/2 18		
V1/Q	4	OWNER ADDRESS 2324 MARILYNN AVE, PO BOX 155, LINCOLN, NE 68502			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	V2/3 18			
V2/Q	4	LICENSE PLATE TE NO. TVS420	YEAR 1996	MAKE Ford	MODEL F15	BODY STYLE Pickup truck	COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0	V2/4 18		
K	01	VEHICLE ID NO. (V1/N) 1FTEF14N4TLA44375	TOWED TO			TOWED BY	INSURANCE COMPANY StateFarm	POLICY NO. 098 4077-E14-27	V2/5 18		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX M F
VEH. #	NAME ADDRESS				Seat Position	Eject	Body Region	Injury Sev.	Trans.		
VEH. #	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME				EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS				Seat Position	Eject	Body Region	Injury Sev.	Trans.		
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VEH. #	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME				EMS RUN REPORT NO.						

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084731

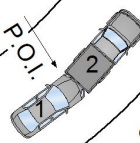


Indicate
North
by Arrow



Cornhusker Hwy

N 14th St



Ramp to Cornhusker Hwy

Drawing not to Scale
Measurements Not Exact

POI not determined, vehicles moved
off roadway

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 and D2 stated they were traveling on the N 14th St EB on-ramp to Cornhusker Hwy. D1 stated V2 stopped abruptly and D1 did not have enough time to stop before colliding with V2.
D2 stated he was stopped in traffic when V1 collided with the rear of his vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				ALCOHOL/DRUGS SUSPECTED																																							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2	VEHICLE 1	VEHICLE 2	VEHICLE 1	VEHICLE 2	VEHICLE 1	VEHICLE 2	VEH 1	2	VEH 2	1	Driver No. 1	Driver No. 2	Pedestrian	1	2	3	4	5																																		
1	X				14 & Cornhusker	02	05	4		2				Y		Y		1																																									
2	X				EB ramp 14th	02	00	4		2				N	X	N	X	1																																									
1	11				06 Turning left																																																						
2	11				08 Entering traffic lane																																																						
				01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/Passing				05 Turning right				06 Turning left				07 Making U-turn				08 Entering traffic lane				09 Leaving traffic lane				10 Parked				11 Slowing or stopped in traffic				12 Other				13 Unknown							
				00 None				01 Top & windows				02 Undercarriage				03 Total (all areas)				04 Other				05 None				06 Lap & shoulder belt used				07 Shoulder belt only used				08 Lap belt only used				09 Child safety seat used				10 Child booster seat used				11 DOT approved helmet used				12 Costume helmet used				13 Restraint use unknown			
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